

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Telephone/Fax Initial Incident Report**  
**Leaking Underground Storage Tank Section**  
<http://www.IN.gov/idem/land/lust/index.html>

67-18  
 IDEM/IGCN 11<sup>th</sup> FL  
 LUST SECTION  
 100 N. SENATE AVE.  
 P.O. BOX 6015  
 INDIANAPOLIS, IN 46206-6015

**Leaking UST Reporting Number**  
**(General) 317-232-8900 (Fax) 317-234-0428**

Facility ID # \_\_\_\_\_

Incident # \_\_\_\_\_

**Priority Ranking**      ☐ **HIGH**  
                                  ☐ **MEDIUM**  
                                  ☐ **LOW**

20 Day Abatement Due \_\_\_\_/\_\_\_\_/\_\_\_\_

ISC Due \_\_\_\_/\_\_\_\_/\_\_\_\_

IDEM USE ONLY

**REPORTING INFORMATION**

Reporter: Contact/Title		Facility: Contact/Title	
Company		Facility Name	
Street Address		Street Address	
City/State/Zip Code	Telephone Number	City/State/Zip Code	Telephone Number

Owner: Contact/Title		SAME AS ABOVE	
Owner Name:			
Street Address			
City/State/Zip Code	Telephone Number/ Fax Number		

**Location Information: (Lat/Long)**

☐ Topo Map \_\_\_\_\_  
☐ Address Matching \_\_\_\_\_  
☐ GPS \_\_\_\_\_  
 GPS Brand: \_\_\_\_\_

**TANK INFORMATION**

Number of Tanks at Facility _____	Contents of Tanks <input type="checkbox"/> GAS; <input type="checkbox"/> KEROSENE; <input type="checkbox"/> JET FUEL; <input type="checkbox"/> DIESEL; <input type="checkbox"/> WASTE OIL; <input type="checkbox"/> VIRGIN OIL; <input type="checkbox"/> MISC_
	Suspected Leaking Tanks
Tank Size: _____ gallons	<input type="checkbox"/> GAS; <input type="checkbox"/> KEROSENE; <input type="checkbox"/> JET FUEL; <input type="checkbox"/> DIESEL; <input type="checkbox"/> WASTE OIL; <input type="checkbox"/> VIRGIN OIL; <input type="checkbox"/> MISC_
Tank Size: _____ gallons	<input type="checkbox"/> GAS; <input type="checkbox"/> KEROSENE; <input type="checkbox"/> JET FUEL; <input type="checkbox"/> DIESEL; <input type="checkbox"/> WASTE OIL; <input type="checkbox"/> VIRGIN OIL; <input type="checkbox"/> MISC_
Tank Size: _____ gallons	<input type="checkbox"/> GAS; <input type="checkbox"/> KEROSENE; <input type="checkbox"/> JET FUEL; <input type="checkbox"/> DIESEL; <input type="checkbox"/> WASTE OIL; <input type="checkbox"/> VIRGIN OIL; <input type="checkbox"/> MISC_

**KNOWLEDGE OF RELEASE BY:**

Date Discovered? ____/____/____	
<input type="checkbox"/> Failed T.T.T. <input type="checkbox"/> Inventory Loss (_____ gallons) <input type="checkbox"/> UST Closure (Date? ____/____/____) <input type="checkbox"/> Phase II <input type="checkbox"/> Catastrophic Spill (estimated quantity lost _____ gallons) <input type="checkbox"/> Long-Term Overfill <input type="checkbox"/> Other _____	

**CAUSE OF RELEASE:**

<input type="checkbox"/> Tank -----	<input type="checkbox"/> Corrosion <input type="checkbox"/> Accident <input type="checkbox"/> Fill Port/Overfill Bucket <input type="checkbox"/> Improper installation <input type="checkbox"/> Inadequate Leak Detection <input type="checkbox"/> Vent Pipe
<input type="checkbox"/> Piping Line-----	<input type="checkbox"/> Corrosion <input type="checkbox"/> Accident <input type="checkbox"/> Improper installation <input type="checkbox"/> Inadequate Leak Detection
<input type="checkbox"/> Joint Connections-----	<input type="checkbox"/> Corrosion <input type="checkbox"/> Settling <input type="checkbox"/> Improper installation
<input type="checkbox"/> Pump Island-----	<input type="checkbox"/> Accident <input type="checkbox"/> Overfills
<input type="checkbox"/> Other _____	

**AFFECTED AREAS:**

<input type="checkbox"/> Soils Impacted	
<input type="checkbox"/> Soil Type _____ <input type="checkbox"/> Highest Lab Sample Result: TPH _____ ppm; B _____ T _____ E _____ X _____ MTBE _____ ppb	
<input type="checkbox"/> Groundwater Impacted	
<input type="checkbox"/> Water Table Depth (_____ feet below grade) <input type="checkbox"/> Highest Lab Sample Result: B _____ T _____ E _____ X _____ MTBE _____ ppb	

### High Priority Factors

	Yes	No
Free Product ( _____ inches/feet thick)(areal extent _____ ft)	<input type="checkbox"/>	<input type="checkbox"/>
Private Well Impacted	<input type="checkbox"/>	<input type="checkbox"/>
Vapors in inhabitable building	<input type="checkbox"/>	<input type="checkbox"/>
Utility Lines Affected	<input type="checkbox"/>	<input type="checkbox"/>
Wellhead Protection Area within 1 year of travel (1/4 Mile)	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water Impacted	<input type="checkbox"/>	<input type="checkbox"/>

### Medium Priority Factors

	Yes	No
Groundwater Impacted with Dissolved Contaminants	<input type="checkbox"/>	<input type="checkbox"/>

### Low Priority Factors

	Yes	No
Soil Contamination	<input type="checkbox"/>	<input type="checkbox"/>
Overexcavation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landfill (approx. _____ cu. yds. to _____ landfill)		
<input type="checkbox"/> On-site Land Treatment Cell (approx. _____ cu. yds.)		
<input type="checkbox"/> Off-site Land Treatment Cell (approx. _____ cu. yds. taken to _____)		

### Additional Site Information

	Yes	No
Basement within 200 ft of contamination ( _____ ft. away)	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water ( _____ ft. away)	<input type="checkbox"/>	<input type="checkbox"/>
Wellhead Protection Area	<input type="checkbox"/>	<input type="checkbox"/>
Karst/ Fractured Bedrock	<input type="checkbox"/>	<input type="checkbox"/>
Private or Public Well within ¼ mile ( _____ ft away)	<input type="checkbox"/>	<input type="checkbox"/>
Anticipated Groundwater flow direction _____		

Comments:

---

---

---

---

---

Report received by (IDEM Signature)

Report submitted by (Signature)

X \_\_\_\_\_ X \_\_\_\_\_

Report received by (IDEM Printed)

Report submitted by (Printed)

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_